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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

19

UNITED STATES OF AMERICA,
Plaintiff,

CRIM NO. 16-cr-20291

HON. IVANCY G. EDMUNDS

V.
D-ISSAC JAMES HARGROVE,
Defendant.

ISSAC J. Hargrove's Emergency
Motion For Compassionate Release.

COVID-19's devastation is unrelenting at the Bureau of Prison (BOP). The infection rates within the B.O.P. are greater than in the general public.

COVID-19 is an acute respiratory disease that could lead to respiratory failure and "death."

Over five thousand federal inmates (5000) have contracted the illness, and at least 66 have "died" from complications due to COVID-19.

The Virus continues to sweep through the BOP and this puts my "Life" at Risk. →

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I have enclosed in part records of my pre-existing medical conditions, they put me at a particular high risk. If I was to contract the Virus it could be deadly for me.

I understand the Compassionate Release Standard, In December 2018, the First Step Act amended 18 U.S.C.

3582 (c) (1) (A) (i) permits Sentencing Judges to consider a defense Motion for reduction of Sentence based on "extraordinary and compelling reasons"

After the defendant has fully exhausted all administrative rights failure of the B.O.P. to bring a motion on my behalf or the lapse of 30 days from the receipt of such a request by the Warden at the facility I am in, whichever is earlier.

Since passage of the First Step Act, Courts recognize "extraordinary and compelling reasons" in several circumstances. This is relevant in my case because the B.O.P. faces a rapidly escalating crisis because of COVID-19 and; in doing so, →

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recolonize such devastating crisis,
a growing list of courts acknowledge
both that an inmate with pre-existing
health conditions is rendered very
vulnerable to severe or deadly
complication from COVID-19 and
that it is an extraordinary situation
warranting release under 3582(c)(1)(A)(i),
for Compassionate Release.

You can get in contact with my:
sister's ~~Velma~~ Velma Jackson (313) 728-6040
11327 Marlowe St. Detroit, Michigan 48227
or Ellen Turner (313) 424-8326 8227
Lauder St. Detroit, Michigan 48228

I can stay in either residence



To Days Date: 06-23-20

Defendant
Clasae G. Payne-ETTY
REG# 54584034
Federal Correction Institution —
Hazelton
P.O. Box 5000
Bruceton Mills,
WV. 26525

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Because of the current World Pandemic caused by COVID-19 I am formally requesting relief in my sentence in the ~~form~~ of release to residence so I may serve the remainder of my time under home confinement where conditions are better situated to prevent infection.

Due to chronic health problems that I suffer from exposure to COVID-19 places me at a much higher risk of developing life threatening complications. Because of the virus nature of causing respiratory failure, if I were to contract COVID-19, along with my history of an Aneurysm in my Aortic (ascending aortic aneurysm) at the root of the aorta was 5.4 X 5.2 cm., Chronic Hypertension.

The Cardiothoracic Surgery is being reschedule because of the pandemic caused by COVID-19, it could lead to serious complications if I have the surgery. In the BOP by me being open up too can lead to hospitalization and or death.

Even though the B.O.P. has implemented measures to help stem the flow of infection in its institutions numerous outbreaks have been reported at several places (Oakdale, Terminal Island, Elkton) As a result, "Shelter in Place" policies have been →

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introduced where inmates are confined to their cells except for showers and phone calls Mon to Fri 45 minutes out of their cells 5 days a week as is similar for inmates who are punished and placed on Solitary Confinement.

The prolonged Confinement inside the housing unit along with the poor air filtration has led to a condition that is not safe for me with Multiple Medical Condition.

The Vulnerability of prison experiencing mass outbreaks of COVID-19 is a real threat due to overcrowding, small shared spaces (cells) Lack of proper hygiene an inability to properly implement recommended guidelines,

Home confinement will allow for greater control over practicing social distancing, better hygiene and place me in an environment that is better suited for me to have the Surgery and Heal.

Thank you

M2-116-

RIS - WARDEN REPOSE TO INMATE

INMATE: Hargrove, Isaac
REGISTER NUMBER: 54584-039
FCI


This is in response to your request for Reduction in Sentence (RIS)-Debilitated Medical Condition.

Current criteria for an RIS based on Debilitated Medical Condition require that an inmate have an incurable and progressive illness or have suffered a debilitating injury from which they will not recover. Additionally, they may be limited in self-care and confined to a bed or chair 50% of waking hours.

Your medical provider revealed you do not meet the medical criteria of debilitated. You do not suffer from a progressive illness that has affected your ability to self-care and you are not confined to a bed or chair 50% of waking hours. You also have an active detainer and your RIS until it is resolved. As such, your request is denied.

If you are not satisfied with this decision, you may appeal utilizing the Administrative Remedy Process within 20 days of receiving this notice.

Given to inmate
6/15/20
K. Rice

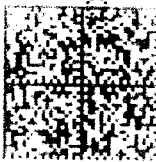

P. Adams
Warden
6/10/2020
Date



State of Michigan
Department of Corrections
"Committed to Protect, Dedicated to Success"

Grandview Plaza
P.O. Box 30003
Lansing, Michigan 48909

RESERVED
FIRST CLASS

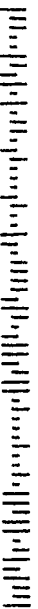


U.S. POSTAGE & PITNEY BOWES
ZIP 48906 \$ 000.38⁹
05 16 2001390019776 10 2020

ISAAC HARGREVE, 54384-039
FEDERAL CORRECTION INSTITUTION - HAZELTON
P.O. BOX 5000
BRIDGETON MILLS, WV 26525

M 2
132

KTO-PEB 26525



HARGROVE, ISAAC JAMES, III
OFFENDER NAME

41
DISCHARGE
TYPE CODE

BY

Michael C. Eagen
Chairperson Michigan Parole Board

LOCATION

CASE LOAD

DATE DELIVERED _____

PAROLE OFFICER

UTION: Parolee; Central Office Records Section; Parole Agent

Hargrove, Isaac
54584-039

PRESTON MEMORIAL HOSPITAL
150 Memorial Drive
Kingwood, WV 26537

FCC Hazelton

RADIOLOGY REPORT

Patient Name:	HAZ 54584039 IJH +	Patient Number:	10565709
Patient Age:	44	Admitting Physician:	HAZELTON P
Patient DOB:	09/13/1973	Ordering Physician:	HAZELTON P
Patient Stay Type:	O/P	Medical Record #:	100867
Admit Date:	03/30/18 ✓	XRy Number:	80817

US ECHO COMPLETE COMPLETE:03/30/18 07:55 36797
(REASON FOR ECHO: H/O CAD
ER ONLY (Others answer NA) Pt Primary/Backup MD: NA

*****Unsigned Transcriptions are preliminary reports and do not represent a Medical or Legal Document*****

03/30/18 ECHOCARDIOGRAM REPORT

A standard 2D and M Mode Colour flow study was performed in normal standard views. Cardiac chambers were of normal size, motion and dimension. Left atrium highly dilated. There was mild left ventricular hypertrophy. There was no left ventricular dysfunction, left ventricular function estimated at 50 to 55%. There was no significant pericardial effusion. No thrombus or mass. The descended aortic root was dilated with measurement from 5.7 cm. above, please look at echo numbers.

VALVES:

AORTIC VALVE: Normal thickness, motion. Doppler interrogation consistent with mild aortic insufficiency. There was not aortic stenosis.
MITRAL VALVE: Normal thickness and motion. Doppler interrogation consistent with Trace mitral regurgitation. Mitral valve prolapse.
PULMONIC VALVE: Not well visualized.
TRICUSPID VALVE: Normal thickness and motion. Doppler interrogation is normal.

IMPRESSION: (1) Left ventricular function essentially normal. Ejection fraction at 50 to 55%. Some mild LVH.

- (2) Ascending aortic root dilated, measurement is 5.08 cm. Would recommend CTA as well as patient being evaluated by surgery.
(3) Mild aortic insufficiency.
(4) Trace mitral regurgitation.

2° LVH

Electronically reviewed and signed by:
M Englund D.O.

Sign Date/Time: 04/10/18 13:29

Dict: 03/30/18/10:02 ME
Trans: 03/30/18 10:34
Trans Initials: LJW

Copy for: File copy printer # 526
Copy for: X-RAY

Hargrove, Issac (MRN E2945252)

Hargrove, Issac 54584-039

MRN: E2945252

Wei, Lawrence, MD

Physician

CARDIAC SURGERY

H&P
Signed

Encounter Date: 1/7/2019

C. Cunningham
Health Information Technician
FCC Hazelton

CARDIAC SURGERY DEPARTMENT H&P

Date of Service: 1/7/19

Hargrove, Issac

Chief Complaint: Aneurysm

Requesting Physician: Pcp, No
PCP: No

PCP: No P_{cp}

HPI: Issac Hargrove is a 45 y.o., Unknown male who presents to our clinic for evaluation of his ascending aortic aneurysm. He is currently a prisoner and accompanied by prison guards. Obtaining history is somewhat difficult. He has a reported history of myocardial infraction in 2010, premature coronary artery disease in mother, Brown Sequard Syndrome from a stabbing to the spine in 1990 with subsequent right sided hemiplegia and foot drop, gunshot wound to leg and foot, hypertension, hyperlipidemia, GERD, and polyarthritis. For an unknown reason he had a TTE earlier in 2018 at prison and found an ascending aortic aneurysm. He had a CTA chest on 3/30/18 that revealed an ascending aortic aneurysm and at the root of the aorta was 5.4 x 5.2 cm. Upon interviewing him further we found out he went to Mon ED last week for chest pain and was admitted. We were able to obtain his images and find out what he had done there. He had a cardiac catheterization, TTE and CTA chest that was reviewed by Dr. Wei. His cardiac catheterization revealed no significant coronary artery disease, his TTE revealed mild AI and probable bicuspid aortic valve, and his CTA chest revealed proximal ascending aorta approximately 5.1 cm and enlarged aortic root approximately 5.1-5.2 cm. Patient reports symptoms of mid sternal chest pain, indigestion, orthopnea, abdominal fullness and lower leg edema for the past 3 weeks. He denies any syncope, palpitations, dizziness or lightheadedness. He reports with his condition his mobility is very limited.

ROS: Other than ROS in the HPI, all other systems were negative.

Information Obtained from patient

Past Medical History:
Diagnosis:

Diagnosis

- Aortic aneurysm (CMS HCC)
- Esophageal reflux
- Gout
- Hypercholesterolemia
- Hypertension

Date _____

Risk Factors:

Family history of premature CAD (male < 55 or female < 65): Yes. Relation to patient: mother
Diabetes Mellitus (HbA1C > 6.5, Fasting > 126 or Random glucose > 200 with hyperglycemic symptoms): No

Dyslipidemia: Yes

Renal Disease: No

Hypertension: Yes

Chronic Lung Disease No

Home oxygen: No

Sleep Apnea: No

Pneumonia: No

History of or current Depression: No

Liver disease No

Immunocompromised at present (systemic steroids, chemo, anti-rejection meds): No

Mediastinal radiation: No

Cancer within 5 years (doesn't include basal cell or squamous cell CA): No

Peripheral artery disease (claudication, amputation, vascular reconstruction, aortic aneurysm. THIS DOES NOT include the carotid or cerebral vascular arteries or thoracic aneurysms): No

Thoracic Aorta Disease (history or current disease of the thoracic or thorcoabdominal aorta): Yes

Syncope (cardiac related within 1 year or surgery): No

Prior Cerebrovascular disease: Yes. When unsure in his records but he declines Prior TIA: No

History of previous carotid artery surgery and/or stenting: No

CSHA Clinical Frailty Scale: 4- Vulnerable: Not dependent on others for daily help. Symptoms often limit activities.

Five Meter Walk/ Six Minute Walk Performed: No.

Functional Disability: Paralysis

Electrolyte Imbalance: No

Protein-Calorie Malnutrition: No

Coagulopathy: No

Current Sepsis: No

Contraindication for Perioperative Beta-Blocker: Currently taking/prescribed

Cardiac Status:

Prior MI: Yes. When: 2010

CAD presentation: Symptoms unlikely to be ischemic (14 days)

Heart Failure: No

Cardiogenic Shock: No

Previous Arrhythmia : No

Prior Arrhythmia surgery (MAZE or ablation): No

Prior CABG: No

Prior Valve Surgery: No

Prior PCI: No

Previous congenital: No

Previous ICD: No

Previous Pacemaker: No

Other previous cardiovascular intervention: No
 Cardiomyopathy: No
 Porcelain Aorta: No

Transcatheter Procedure: No

Allergies

Allergen

• Lisinopril

Cough.

Reactions

Other Adverse Reaction (Add comment)

Current Medications:

Current Outpatient Medications

Medication	Sig
• allopurinol (ZYLORIM) 300 mg Oral Tablet	Take 300 mg by mouth Once a day
• amlodipine (NORVASC) 5 mg Oral Tablet	Take 5 mg by mouth Once a day
• atorvastatin (LIPITOR) 40 mg Oral Tablet	Take 40 mg by mouth Every evening
• carvedilol (COREG) 6.25 mg Oral Tablet	Take 6.25 mg by mouth Twice daily with food
• indomethacin (INDOCIN) 50 mg Oral Capsule	Take 50 mg by mouth Three times a day as needed
• losartan (COZAAR) 50 mg Oral Tablet	Take 50 mg by mouth Once a day

Past Surgical History:

Procedure

• HX HERNIA REPAIR

Laterality

Date

Past Family History:

Family Medical History:

Problem	Relation (Age of Onset)
Asthma	Mother
Heart Attack	Mother
Hypertension	Mother
Mental illness	Mother
No Known Problems	Father
Sickle Cell Anemia	Sister

Social History

Socioeconomic History

• Marital status: Unknown
 Spouse name: Not on file
 • Number of children: Not on file

- Years of education: Not on file
- Highest education level: Not on file

Social Needs

- Financial resource strain: Not on file
- Food insecurity - worry: Not on file
- Food insecurity - inability: Not on file
- Transportation needs - medical: Not on file
- Transportation needs - non-medical: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Never
- Frequency: Never
- Drug use: Not on file
- Sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Exam:

BP 138/78 | Pulse 69 | Temp 36.4 °C (97.5 °F) (Thermal Scan) | Ht 1.727 m (5' 8") | Wt 117.9 kg (259 lb 14.8 oz) | SpO2 96% | BMI 39.52 kg/m²

Constitutional: appears chronically ill

Eyes: Conjunctiva clear., Sclera non-icteric.

ENT: Ear canals normal.

Neck: no thyromegaly or lymphadenopathy, supple, symmetrical, trachea midline and no adenopathy

Respiratory: Clear to auscultation bilaterally.

Cardiovascular: regular rate and rhythm, S1, S2 normal, no murmur, click, rub or gallop

Gastrointestinal: Soft, non-tender, Bowel sounds normal, non-distended

Musculoskeletal: Head atraumatic and normocephalic

Integumentary: Skin warm and dry and No rashes

Neurologic: Alert and oriented x3

Lymphatic/Immunologic/Hematologic: No lymphadenopathy

Psychiatric: Affect Normal

Labs:

No results found for: SODIUM, POTASSIUM, CHLORIDE, CO2, ANIONGAP, BUN, CREATININE, BUNCRATIO, GFR, GLUCOSENF, GLUCOSEFAST

No results found for: WBC, HGB, HCT, PLTCNT, SEDRATE, ESR, RBC, MCV, MCHC, MCH, RDW, MPV

Radiology Tests:

Investigations/Diagnostic Findings:

His outside pertinent records and imaging at Mon was reviewed by Dr. Wei as well as his prior CT chest and TTE from early 2018

ASSESSMENT & PLAN:

Mr. Issac Hargrove is a 45 y.o., african american male who presents to our clinic for evaluation of his ascending aortic aneurysm. He is currently a prisoner and accompanied by prison guards. Obtaining history is somewhat difficult. He has a reported history of myocardial infraction in 2010, premature coronary artery disease in mother, Brown Sequard Syndrome from a stabbing to the spine in 1990 with subsequent right sided hemiplegia and foot drop, gunshot wound to leg and foot, hypertension, hyperlipidemia, GERD, and polyarthritis. For an unknown reason he had a TTE earlier in 2018 at prison and found an ascending aortic aneurysm. He had a CTA chest on 3/30/18 that revealed an ascending aortic aneurysm and at the root of the aorta was 5.4 x 5.2 cm. Upon interviewing him further we found out he went to Mon ED last week for chest pain and was admitted. We were able to obtain his images and find out what he had done there. He had a cardiac catheterization, TTE and CTA chest that was reviewed by Dr. Wei. His cardiac catheterization revealed no significant coronary artery disease, his TTE revealed mild AI and probable bicuspid aortic valve, and his CTA chest revealed proximal ascending aorta approximately 5.1 cm and enlarged aortic root approximately 5.1-5.2 cm.

Plan:

Dr. Wei discussed with the patient his diagnosis, testing results and treatment plan. After reviewing all of his pertinent imaging and comparing the CT scans, there is no significant change in his aneurysm. There is no surgical intervention required at this time. We recommend strict blood pressure control and management at the prison or with his primary care provider. We recommend he follow up with his provider for his current symptoms or cardiology. He was educated on the signs and symptoms of aortic dissection. We will see him back in 1 year with repeat TTE and CT chest non contrast.

Matthew Lucostic, APRN

I reviewed the patient's information and all imaging studies. The patient was counseled on the risks/benefits, possible complications, and alternatives to surgical intervention. I spent 30 minutes out of the 40 minute visit with the patient.

Electronically signed by Lucostic, Matthew, APRN at 01/08/19 0747
Electronically signed by Wei, Lawrence, MD at 01/10/19 1252

Office Visit
on 1/7/2019

Mon Health Medical Center

1200 JD Anderson Drive Morgantown, WV 26505
Telephone (304) 598-1200

FCC HAZELTON

Name: HAZ, UH 54584039

DOB: 9/13/1973

Hargrove, Isaac

Reason for Admission:

Chest pain; CP

Diagnosis: Chest pain

The days following your discharge are very important.
This packet contains **important** information.

Take this packet with you to your follow up appointments. It is important for your care team to review your hospital discharge information.

If you have question about this packet or your medical condition, please contact your doctor.
In the event of an emergency, please go to the nearest emergency department or call 911.

Doctors:

Attending Physician: Ghabra, Muhammad A MD (MHMC)

Consulting Physician(s): Cardiothoracic Surgery On Call; Nagy, Alexander MD; Englund, Michael DO;
Martinez, Ferdinand C MD

Follow-up Instructions:

With:	Address:	When:
Alexander Nagy	1000 J.D. Anderson Drive, Suite #301 Morgantown, WV 26505 (304) 598-1996 Business (1)	Within As scheduled

Comments:
to arrange Bentall procedure after dental clearance

With:	Address:	When:
Ferdinand Martinez	600 Suncrest Towne Centre, Suite 310 Morgantown, WV 26505 (304) 598-2200 Business (1)	

Comments:
Call for appointment.



Mon Health Medical Center

1200 JD Anderson Drive
Morgantown, WV 26505

C. Cunningham
Health Information Technician
FCC Hazelton

HARGROVE, ISAAC

Clinical Documentation

Patient Name: HAZ, UH 54584039

Account No.:

MRN: 376495

DOB/Gender: 9/13/1973

Male

Attending MD:

Ordering Physician: n/a

Location:

Admission Date: 5/23/19

Physician Documents

Cardiothoracic Office Notes

Date of Service: 05/23/2019

Date of Birth: 09/13/1973

CARDIOTHORACIC SURGERY OUTPATIENT OFFICE VISIT NOTE

Attending Surgeon: Alexander Nagy MD

cc: Michael A. Englund, DO (Emdat Autofax),

ACCOUNT NUMBER: 82259144

MEDICAL RECORD NUMBER: 376495

SUBJECTIVE

This is a 45-year-old patient seen by us in December 2018 with an aortic root aneurysm. The patient initially presented with atypical chest pain with burning sensation. He had a CT scan of the chest which showed an enlarged aortic root, then he had a coronary angiogram, which was done by Dr. Englund, which showed no significant coronary artery disease, but a large aortic root aneurysm.

The patient has no new complaints and even his atypical chest pain sensations are absent at this point. I reviewed his last echo, his most recent echo, which was done in December 2019 and showed a look at the aortic valve, which showed only mild regurgitation. The left ventricular ejection fraction was 55 to 60%. The measurement of the aortic root on that particular imaging was 4.4 cm. I also reviewed the CT scan, which was done here in December 2018 and showed a 5.4 to 5.5 cm measurement.

PAST MEDICAL HISTORY

1. Hyperlipidemia.
2. Hypertension.
3. Obesity.
4. Foot drop.

PAST SURGICAL HISTORY

None.

MEDICATIONS

Reviewed as per Cerner.

ALLERGIES

LISINAPRIL.

Date/Time Printed: 6/10/2019 12:19 EDT

Printed By: Wojcicki, Sharon K

Report Request ID: 16851513

Pg #: Page 1 of 3

Mon Health Medical Center

1200 JD Anderson Drive
Morgantown, WV 26505

Clinical Documentation

Patient Name: HAZ, IJH 54584039
Account No.:

Physician Documents

SOCIAL HISTORY

The patient is an inmate in Hazelton. No smoking or alcohol abuse recently.

FAMILY HISTORY

Diabetes.

REVIEW OF SYSTEMS

NEUROLOGIC: No dizziness or review of systems:

CONSTITUTIONAL: No dizziness or syncope.

HEENT: Normal.

CARDIOVASCULAR: He denies chest pain. He denies palpitations.

RESPIRATORY: He denies shortness of breath. He denies cough or hemoptysis.

GASTROINTESTINAL: He denies nausea, vomiting or diarrhea.

GENITOURINARY: He denies dysuria or hematuria.

CONSTITUTIONAL: No weight loss or weight gain. No fever.

MUSCULOSKELETAL: Intact.

SKIN: No pruritus or ulcer.

PSYCHIATRIC: No depression or anxiety.

ENDOCRINE: Negative.

HEMATOLOGICAL: Negative.

NEUROLOGIC: Negative.

PHYSICAL EXAMINATION

GENERAL: Alert and oriented.

VITAL SIGNS: Blood pressure 111/71, heart rate 71. His weight is 118.4 kg. His height is 5 feet 9 inches.

HEENT: Normal.

NECK: There is no carotid bruit or palpable lymphadenopathy.

HEART: Regular S1, S2. No murmur.

LUNGS: Clear to auscultation.

ABDOMEN: Soft, nontender, nondistended.

EXTREMITIES: No edema or cyanosis.

MUSCULOSKELETAL: Grossly intact.

SKIN: Warm and dry.

NEUROLOGIC: Alert and oriented x3.

ASSESSMENT AND PLAN

1. The patient with aortic root aneurysm is approximately 5.4 to 5.5 cm in maximum diameter. On the echo, it was read as 4.4 cm; however, I think it is slightly larger.
2. Aortic regurgitation only mild on the echo, it seems more significant on the CAT, however, not more than moderate in any way.
3. Hypertension.
4. Obesity.

DISCUSSION

Date/Time Printed: 6/10/2019 12:19 EDT Printed By: Wojcicki, Sharon K
Report Request ID: 16851513

Pg #: Page 2 of 3

1200 50 HENDERSON DRIVE
Morgantown, WV 26505

Clinical Documentation

Patient Name: HAZ, IJH 54584039
Account No.:

Physician Documents

I had a long discussion with the patient about treatment options. At this point, I would recommend to repeat the transesophageal echo, especially to evaluate the degree of aortic valve regurgitation. We are going to repeat the CTA in July or August and do a 3D reconstruction to look at the size or possible increase in size of the aortic root. Eventually, the patient will need a Bentall procedure. I had a long discussion with him about a type of a biological versus mechanical valve. He is a young patient, 45.yo. However, considering the fact that he is an inmate, Coumadin could be a challenge. I will have another discussion with him after he returns with a repeat CTA and transesophageal echocardiogram during the summer.

Alexander Nagy M.D.
Chief, Cardiac Surgery,
Mon Health System.
Morgantown, WV

DD: 05/23/2019 07:47:49 PM DT: 05/31/2019 01:05:00 PM
TR: 1007 Job: 193252544

Authenticated by
Nagy, Alexander MD
on 05.31.2019 17:59

Date/Time Printed: 6/10/2019 12:19 EDT Printed By: Wojcicki, Sharon K
Report Request ID: 16851513

Pg #: Page 3 of 3

Emergency Treatment Note

HARGROVE, ISAAC - H-844043186

* Final Report *

Result type: Emergency Treatment Note
Result date: June 25, 2015 04:41 EDT
Result status: Auth (Verified)
Result title: EDD
Performed by: LOYND DO, ALLISON M on June 25, 2015 07:41 EDT
Verified by: LOYND DO, ALLISON M on June 30, 2015 20:54 EDT
Encounter info: 180005086186, HARPER-HUTZEL, Emergency-Active, 06/25/2015 - 06/25/2015
Contributor system: NUANCE

* Final Report *

EDD

DETROIT MEDICAL CENTER
HARPER UNIVERSITY HOSPITAL

EMERGENCY TREATMENT NOTE

PATIENT NAME:
HARGROVE, ISAAC

ACCT #: 180005086186
PTID #: 40331876

DOB: 09/13/1973
AGE: 41 years
SEX: M

DATE/TIME OF ED REG: 06/25/2015 04:41

CHIEF COMPLAINT: Leg pain.

HISTORY OF PRESENT ILLNESS: Mr. Hargrove is a 41-year-old gentleman presenting to the Emergency Department reporting that he is having leg pain and weakness. He states it has gone on for several years and it is getting progressively worse. He reports that he endured a nerve injury in 1990 after a stabbing to the back and so he has a foot drop on the right. He states that he also has a history of gout, which affects a lot of his joints, but mostly his leg on the left. He reports that he was incarcerated for about 2 years and he got out of jail at the beginning of the month. They did not give him prescription medications for his chronic pain for his gout. They did not give him a primary care physician to follow up with. They did give him a splint for his leg and for his knee, but he does not know what medications he should be taking or who he can follow up with.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No fevers, chills.
EYES: No change in vision, double vision.
ENT: No drainage, sore throat.

Printed by: NEWSOME, KATY
Printed on: 01/20/2017 11:40 EST

Page 1 of 3
(Continued)

Emergency Treatment Note

HARGROVE, ISAAC - H-844043186

* Final Report *

Result type: Emergency Treatment Note
Result date: January 24, 2016 03:03 EST
Result status: Auth (Verified)
Result title: EDD
Performed by: LOYND DO, ALLISON M on January 24, 2016 03:28 EST
Verified by: LOYND DO, ALLISON M on January 24, 2016 23:37 EST
Encounter info: 180006022040, HARPER-HUTZEL, Emergency-Active, 01/24/2016 - 01/24/2016
Contributor system: NUANCE

* Final Report *

EDD

DETROIT MEDICAL CENTER
HARPER UNIVERSITY HOSPITAL

EMERGENCY TREATMENT NOTE

PATIENT NAME:
HARGROVE, ISAAC

ACCT #: 180006022040
PTID #: 40331876

DOB: 09/13/1973
AGE: 42 years
SEX: M

DATE/TIME OF ED REG: 01/24/2016 03:03

TIME OF EMERGENCY DEPARTMENT VISIT: 0303.

CHIEF COMPLAINT: "I got stabbed."

HISTORY OF PRESENT ILLNESS: Mr. Hargrove is a 42-year-old gentleman who reports he is otherwise healthy, presenting to the Emergency Department reporting that he was stabbed on Grand River. He says he was leaving the club and somebody tried to rob him. He reports that he was stabbed several times and then he was able to get away.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No fevers or chills.
EYES: No change in vision, double vision.
ENT: No drainage or sore throat.
RESPIRATORY: No shortness of breath or cough.
CARDIOVASCULAR: No chest pain or palpitations.
GASTROINTESTINAL: No nausea or vomiting.
GENITOURINARY: No dysuria.
MUSCULOSKELETAL: Multiple stab wounds.

Printed by: NEWSOME, KATY
Printed on: 01/20/2017 11:40 EST

Page 1 of 3
(Continued)

Reg #: 54584-039

Inmate Name: HARGROVE, ISAAC JAMES

Inmate has an aortic aneurysm, brown sequard syndrome, and severe knee arthritis. He is wheelchair bound, however, health services does recommend that the inmate be as physically active as he can tolerate without significant shortness of breath and/or pain.

Hall: Dustin NREMT-P

01/13/2020

Health Services Staff

Date

Inmate Name: HARGROVE, ISAAC JAMES Reg #: 54584-039 Quarters: M03**ALL EXPIRATION DATES ARE AT 24:00**

HAF31 540*23 *
PAGE 002 OF 002 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 03-15-2020

* 03-15-2020
* 11:03:12

REGNO...: 54584-039 NAME: HARGROVE, ISAAC JAMES

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 06-24-2019 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 09-06-2017 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 04-18-2017
TOTAL TERM IN EFFECT.....: 144 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 12 YEARS
EARLIEST DATE OF OFFENSE.....: 04-05-2016

JAIL CREDIT.....:	FROM DATE	THRU DATE
	04-12-2016	04-17-2017

TOTAL PRIOR CREDIT TIME.....: 371
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED...: 607
TOTAL GCT EARNED.....: 162
STATUTORY RELEASE DATE PROJECTED: 08-13-2026
EXPIRATION FULL TERM DATE.....: 04-11-2028
TIME SERVED.....: 3 YEARS 11 MONTHS 4 DAYS
PERCENTAGE OF FULL TERM SERVED...: 32.7

PROJECTED SATISFACTION DATE.....: 08-13-2026
PROJECTED SATISFACTION METHOD...: GCT REL

REMARKS.....: 6-24-19 DIS GCT R/JMD.

G0000 TRANSACTION SUCCESSFULLY COMPLETED

HAF31 540*23 * SENTENCE MONITORING * 03-15-2020
 PAGE 001 * COMPUTATION DATA * 11:03:12
 AS OF 03-15-2020

REGNO...: 54584-039 NAME: HARGROVE, ISAAC JAMES

FBI NO.....: 572930MA7 DATE OF BIRTH: 09-13-1973 AGE: 46
 ARS1.....: HAF/A-DES
 UNIT.....: M2 QUARTERS.....: M03-116LH
 DETAINERS.....: NO NOTIFICATIONS: NO

HOME DETENTION ELIGIBILITY DATE: 02-13-2026

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
 THE INMATE IS PROJECTED FOR RELEASE: 08-13-2026 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: MICHIGAN, EASTERN DISTRICT
 DOCKET NUMBER.....: 0645 2:16CR20291 (1)
 JUDGE.....: EDMUNDS
 DATE SENTENCED/PROBATION IMPOSED: 04-18-2017
 DATE COMMITTED.....: 09-06-2017
 HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
 PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$200.00	\$00.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 409 21:841 & 846 SEC 841-851
 OFF/CHG: 21:841 (A) (1), AND (B) (1) (C) PWITD CONTROLLED SUBSTANCES
 (HEROIN) CT 3 ; 21:841 (A) (1), AND (B) (1) (B) (III)
 PWITD CONTROLLED SUBSTANCES (COCAINE BASE) CT 4

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE..: 144 MONTHS
 TERM OF SUPERVISION.....: 4 YEARS
 DATE OF OFFENSE.....: 04-05-2016

G0002 MORE PAGES TO FOLLOW . . .

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 54584-039

Inmate Name: HARGROVE, ISAAC JAMES

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☒ cell: ☒ cell on first floor ☐ single cell ☒ lower bunk ☐ airborne infection isolation Exp. Date: 09/30/2020
☒ other: Please house inmate in handicap cell if available Exp. Date: 09/30/2020

Physical Limitation/Restriction

☐ all sports Exp. Date: _____
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment Exp. Date: _____
☒ other: -Left knee brace, Soft shoes. Exp. Date: _____
-Right foot AFO brace

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
Orthotics	09/15/2019		
Right AFO (please dispense)			
Wheelchair	10/24/2018		
Right foot drop and degenerative changes in left knee			
replaced wc 9/28/18			
Brace - back	08/24/2018		
Shoe inserts	08/24/2018		
Compression garment - leg	08/24/2018		
thigh high			
Cane	01/18/2018		
Medical Shoes	09/06/2017		
Brace - knee	09/06/2017		
hinged knee brace			
Personal Adaptive Equipment	09/06/2017		
FAO for dropped foot			

Work Restriction / Limitation:Cleared for Food Service: Yes**Restriction**Sedentary Work OnlyExpiration Date

No Climbing

No Ladders

No Squatting

No Prolonged Standing

No Upper Bunk

Comments: **MED HOLD for upcoming appointment*

Page 6
2:16CR-20291-001

Date: 06/24/20

Warden
F.C.I. Hazelton
Federal Correctional Institution
P.O. BOX 5000
Bruceton Mills,
WV 26525

RE: Isaac James Hargrove-ELTII REG. #54584039
Application for Compassionate Release

Dear Warden,

I Isaac James Hargrove-ELTII
(54584039) formally and respectfully Request
that the Bureau of Prison (B.O.P.) make a motion
on my behalf to the Honorable Judge
N.G. Edmunds US Court 231 Lafayette
BLVD. (Court Room #858)
Detroit, Michigan 48226

Requesting Compassionate Release under
18 U.S.C. § 3582 (c)(1)(A). This Request is based on
the "Extraordinary and Compelling" Circumstances
presented by the COVID-19 Pandemic. I am
particularly Susceptible to Contracting the Novel
Coronavirus, which Causes COVID-19, because
I am unable to remain a safe distance, as
Recommended by the CDC. Moreover, I am
particularly Susceptible to falling Victim to
the potentially-fatal Effects of COVID-19
due to my Advanced age 46 years old →

2:16 CR-20291-001

and my underlying medical condition.
See Exhibit (A) (Medical Records) I have
Served all more 40% of my Sentence
I have a Sentence of 12 years I got 4 of
12 in My out date is 08-13-2026 I have
no disciplinary Record in the last 12 months
As Required by the B.O.P. rules,

I have Attached a proposed Release
plan A Copy of which is Attached to
this Request, See Exhibit (B) (Release plan).

Thank you for your timely Consideration
of this Request.

Respectfully Submitted
Isaac Raymore-Still
54584039

Exhibit: B. (Release Plan)

Isaac Hargrove-ELTY
#54584039 Release Plan
Date: 06/24/20

If Release, I plan to live with my
Sister's: Velma Jackson (313) 728-6040
11327 Marlowe St. Detroit, Michigan 48227
or Ellen Turner (313) 424-8326
8227 Lauder St. Detroit, Michigan 48228

I can stay in either residence

In Order to Support my self financially,
I plan to work with my family
Business transportation and Plumbing
service.

For community Support, family.

THE Warden here
Didn't except My Request
gave it back to me

This is my request
to the Warden
Here at Hazelton
F.C.I.

ISAAC James Hargrove-ELIII

REG. #54584039

Federal Correction Institution - Hazelton

PO BOX 5000

Braceport Mills

WI 53525

no postmark

4/23/20

ATT: Judge N.G. Edmunds

US Court

231 Lafayette Blvd

Suite Room #858

Detroit, Michigan 48226

United States

RECEIVED
JUL 11 2020
U.S. DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN